| PATENT APPLICATION FEE DETERMINATION RECO                                |                                         |                                           |              |                                      |                  |                  |         | Application or Docket Number |                        |                  |                               |                         |  |
|--------------------------------------------------------------------------|-----------------------------------------|-------------------------------------------|--------------|--------------------------------------|------------------|------------------|---------|------------------------------|------------------------|------------------|-------------------------------|-------------------------|--|
|                                                                          | PATENT                                  | ORE                                       | 10918740     |                                      |                  |                  |         |                              |                        |                  |                               |                         |  |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)                           |                                         |                                           |              |                                      |                  |                  |         | SMALL ENTITY                 |                        |                  | OTHER THAN<br>OR SMALL ENTITY |                         |  |
| TOTAL CLAIMS                                                             |                                         |                                           | 28           |                                      |                  |                  |         | RATE                         | FE                     |                  | RATE                          | FEE                     |  |
| F                                                                        | OR                                      | NUMBER FILED                              |              | NUM                                  | BER EXTRA        | 1                | BASIC F | EE 395.                      | 00 OF                  | BASIC FE         | E 790.00                      |                         |  |
| TOTAL CHARGEABLE CLAIMS                                                  |                                         |                                           | 28 minus 20= |                                      | •                | 8                | 1       | X\$ 9=                       |                        | OF               | X\$18=                        | 144                     |  |
| INDEPENDENT CLAIMS                                                       |                                         |                                           | 4 minus 3 =  |                                      | •                | 1                |         | X44=                         |                        | OF               | X88=                          | 88                      |  |
| ٨                                                                        | ULTIPLE DEPE                            | NDENT CLAIM                               | PRESENT      |                                      |                  |                  | +150=   |                              |                        | OR               | +300=                         |                         |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |                                         |                                           |              |                                      |                  |                  | . 1     | TOTAL                        |                        | OF               | TOTAL                         | 1022                    |  |
| 1                                                                        | Column 1) (Column 2) (Column 3)         |                                           |              |                                      |                  |                  |         | SMALL                        | . ENTIT                |                  |                               | THAN<br>ENTITY          |  |
| AMENDMENTA                                                               | ; .                                     | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGHI<br>NUME<br>PREVIO<br>PAID F    | ER<br>USLY       | PRESENT EXTRA    |         | RATE                         | ADDI<br>TIONA<br>FEE   |                  | RATE                          | ADDI-<br>TIONAL<br>FEE  |  |
|                                                                          | Total                                   | . 24                                      | Minus        | -2                                   | 7                | -B-              | ]       | X\$ 9=                       | İ                      | OR               | X\$18=                        | B                       |  |
| AME                                                                      | Independent                             | 1. 4                                      | Minus        | 1 Y                                  |                  | - 1              | 1       | X44=                         |                        | OR               | X88=                          | D                       |  |
| _                                                                        | PINSI PHESI                             | ENTATION OF M                             | OLTIPLE DE   | PENDENA                              | CLAIM            |                  | ۱ ۱     | +150=                        |                        | ОЯ               | +300=                         |                         |  |
| :<br>•                                                                   | Ali Dila                                |                                           |              | ·<br>:                               | ·                | ٠.               |         | TOTAL                        |                        | OR               | TOTAL<br>ADDIT, FEE           |                         |  |
| <u>                                     </u>                             | 4.06                                    | (Column 1)                                | •            | (Colum                               |                  | (Column 3)       | _       |                              |                        | $\overline{I}$ . | ;                             |                         |  |
| AMENDMENT B                                                              | ·                                       | CLAIMS REMAINING AFTER AMENDMENT          |              | HIGHE<br>NUMB<br>PREVIOU<br>PAID F   | ER               | PRESENT<br>EXTRA |         | RATE.                        | ADDI-<br>TIONA<br>FEE  | 7                | RATE                          | ADDI-<br>TIONAL<br>FEE  |  |
| Ş                                                                        | Total                                   | . 24                                      | Minus        | - 2                                  | B                | 3                | JΓ      | X\$ 9=                       |                        | OR               | X\$18=                        | :                       |  |
| AME                                                                      | Independent                             | • 4                                       | Minus        |                                      | 4                | =                | 11      | X44=                         |                        | OR               | X88=                          |                         |  |
|                                                                          | FIRST PRESENTATION OF MULTIPLE DEPENDEN |                                           |              |                                      | LAIM             |                  | ¹ [     | +150=                        |                        | OR               | +300=                         |                         |  |
| 1, 11, 19, 124                                                           |                                         |                                           |              | :                                    |                  |                  | L       | TOTAL<br>DDIT, FEE           |                        | OR               | TOTAL                         |                         |  |
|                                                                          | (Column 1) (Column 2) (Column 3)        |                                           |              |                                      |                  |                  |         |                              |                        | J -·· ,          | ADOIT. FEE                    | :                       |  |
| DMENT C                                                                  |                                         | CLAIMS<br>REMAINING<br>AFTER<br>AMENOMENT | :            | HIGHE<br>NUMBE<br>PREVIOU<br>PAID FO | ST<br>PA<br>ISLY | PRESENT<br>EXTRA |         | RATE                         | ADDI-<br>TIONAL<br>FEE |                  | RATE                          | ADDI-<br>TIONAL:<br>FEE |  |
| ፮ [                                                                      | Total                                   | ÷                                         | Minus        |                                      |                  |                  | ĻĖ      | VC 0                         | •                      | 1                |                               |                         |  |

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

Minus .

Independent

X\$18=

X88=

+300=

TOTAL

OR F

OR

OR

XS 9=

X44=

+150=

<sup>\*</sup> If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the Trighest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20.

\*\*\* TOTAL OR TO ADDIT. FEE OR ADDIT. FEE OR THE TRIGHEST Number Previously Paid For" IN THIS SPACE is less than 3, enter "20.

The "Highest Number Previously Paid For" (Total or Independent) is the highest or "7" or found in the appropriate box in column 1. OR ADDIT. FEE